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CONFIRMATION NO. 7189

|  |   |                               |   |   |                                |
|--|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/769,115   | <b>FILING OR 371(c) DATE</b><br>01/30/2004<br><b>RULE</b>   | <b>CLASS</b><br>324           | <b>GROUP ART UNIT</b><br>2829   | <b>ATTORNEY DOCKET NO.</b><br>YOR920030625US1<br>(163-27) |                                |
| <b>APPLICANTS</b><br>Young Hoon Kwark, Chappaqua, NY;<br><b>** CONTINUING DATA *****</b> <i>None EC</i><br><b>** FOREIGN APPLICATIONS *****</b> <i>None EC</i>   |   |                               |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/14/2004</b>   |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>EL</u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>NY | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>28                                 | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>24336  |   |                               |   |   |                                |
| <b>TITLE</b><br>Contactless circuit testing for adaptive wafer processing  |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>914  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |